THERAPY FOR GLYCEMIC CONTROL OF TYPE 2 DIABETES MELLITUS IN ADULTS

PRIMARY THERAPY

Self Management Training and Reinforcement by Trained Experts

Management Principles and Complication Prevention
Self Blood Glucose Monitoring
Medical Nutrition Therapy
Weight Management

Physical Activity

Emphasize throughout treatment of Diabetes

Asymptomatic Hyperglycemia

Nonketotic Not Pregnant

Glycemic goals not achieved with primary therapy alone.

Monotherapy

(alphabetically)
Alpha-Glucosidase Inhibitor
Biguanide
Meglitinide
Sulfonylurea
Thiazolidinedione

Glycemic goals not achieved

Diabetes Coalition of California

Symptomatic Hyperglycemia

Nonketotic to slight ketosis

Not Pregnant

Start with primary therapy

Monotherapy (alphabetically)

Biguanide Insulin Meglitinide Sulfonylurea Thiazolidinedione

> Glycemic goals not achieved

Very Symptomatic Hyperglycemia

Ketosis
Possible Type 1 Diabetes
Pregnancy

Start with primary therapy

Insulin

(alphabetically)
Intermediate bid
Intermediate + short-acting bid
Short acting before meals and
intermediate at bed time

pregnancy, if glycemic goals

Except

are achieved

and maintained

try to

evolve to less

intense pharmacologic

therapy

If glycemic goals are achieved and maintained try to evolve to non-pharmacologic therapy

Combination Therapy Options + Primary Therapy

Add one or more of the medications listed above to existing monotherapy.

Primary therapy should be reinforced.

Glycemic goals achieved

Monotherapy (alphabetically)

Alpha-Glucosidase Inhibitor
Biguanide
Meglitinide
Sulfonylurea
Thiazolidinedione

Glycemic goals achieved

Primary Therapy

To be used in conjunction with the Basic Guidelines for Diabetes Care, Diabetes Coalition of California, 1999 Available by Fax (916) 324-7764 or phone (916) 445-2547

Adapted by the

(DCC) from the

American Diabetes

Association (ADA)

Pharmacologic Therapy of

Type 2 Diabetes, 1997

RECOMMENDATIONS FOR GLYCEMIC CONTROL **

Biochemical Index	Normal	Goal	Action Suggested
Fasting/preprandial glucose	<110 mg/dl	80 to 120 mgm/dl	<80 or >140 mg/dl
Bedtime glucose	<120 mg/dl	100 to 140 mg/dl	<100 or >160 mg/dl
Glycosylated hemoglobin	<6%	<7%	>8%

**These values are for nonpregnant adults. Goals and "Action suggested" depend on individual patient circumstances. Such actions may include enhanced diabetes self-management education, comanagement with a diabetes team, referral to an endocrinologist, change in pharmacological therapy, initiation or increased SMBG, or more frequent contact with the patient. HbAlc is referenced to a nondiabetic range of 4.0-6.0% (mean 5.0%, SD $\pm 0.5\%$).

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